OTP (A	(Modified) PTO/SB/21 (6-98) Approved for use through 09/30/2000. OMB 0651-0031	\$1636
DEC 0 9 70	or so	Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number	T /

Valid ON B d	control number.			/				
			Application Number	09/758,962				
TRA	NSMITT	AL	Filing Date	January 9, 2001				
	FORM		First Named Inventor	Simon Santa-Cruz				
(to be used for all	correspondence afte	er initial filing)	Group Art Unit	1636				
	•		Examiner Name	Celine X. Qian				
Total Number of	Pages in This Subm	ission	Attorney Docket Number	60-019200US				
ENCLOSURES (check all that apply)								
X Fee Transmitt			nent Papers Application) (s)	After Allowance Communication to Group Appeal Communication to Board				
X Amendment	/ Response		ng-related Papers	of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Repty Brief)				
After	Final		Routing Slip (PTO/SB/69) companying Petition	Proprietary Information				
Affida	vits/declaration(s)		to Convert to a nal Application	Status Letter				
X Extension of	Time Request	Power o Change Address	f Attorney, Revocation of Correspondence	X Additional Enclosure(s) (please identify below):				
Eypress Ahar	ndonment Request		l Disclaimer	receipt acknowledgment postcard				
	Disclosure Statement	1 📖	ntity Statement					
<u></u>		Request for Refund						
Document(s)	Certified Copy of Priority Document(s) Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0893 for any additional fees associated with							
Incomplete A	Missing Parts/ Application	for consideration of the documents enclosed.						
Parts	onse to Missing under 37 CFR or 1.53	DEC 1 2 2002						
	SIGNATU	RE OF APPLI	CANT, ATTORNEY, OR A	AGENTER 1600/2900				
Firm <i>or</i> Individual name	or Paul Littlepage, Reg. No. 48,581, Quine Intellectual Property Law Group,							
Signature								
Date December 2, 2002								
	/	CERTIFICA	ATE OF MAILING					
I hereby certify that envelope addressed	this correspondence to: Assistant Comm	is being deposit		stal Servic as first class mail in an 1 on this date: December 2, 2002				
Typed or printed na	Typed or printed name Evelyn Gornez							
Signature	//	10/m/2	Date	December 2,2002)				

Appropriate Approp

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Patent fees are subject to annual revision.
Small Entity payments <u>must</u> be supported by a small entity statement,
Stherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known					
Application Number	09/758,962				
Filing Date	January 9, 2001				
First Named Inventor	Simon Santa-Cruz				
Examiner Name	Celine X. Qian				
Group / Art Unit	1636				
Attorney Docket No.	60-019200US	J			

METHOD OF DAVIAGNET (shorth and)							
METHOD OF PAYMENT (CHeck one)	METHOD OF PAYMENT (check one) FEE CALCULATION (continued)						
1. X The Commissioner is hereby authorized to charge Large Entity Small Entity							
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2. Payment Enclosed: Check Order Other	113 1,8	40° 1	3 1,840	Prequesting public Examiner action	ation of SIR at	fter	
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1. BASIC FILING FEE Large Entity Small Entity	117 92	20 21	7 460	Extension for repl			
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106 310 206 155 Design filing fee	119 32	20 21	9 160	Notice of Appeal		••••	
107 480 207 240 Plant filing fee			0 150	Filing a brief in su Request for oral h			the think
108 690 208 345 Reissue filing fee	1		1 130	Petition to institute			CIVE!
114 150 214 $\overline{80}$ Provisional filing fee	138 1,5		8 1,510	Petition to revive	·		
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Extra Claims below Fee Paid Total Claims -20** X =	144 5	80 24	4 290	Plant issue fee	•-		
Independent - 3** = X =	122 1	30 12	2 130	Petitions to the Co	ommissioner		
Multiple Dependent	123	50 12	3 50	Petitions related t	o provisional a	pplications	
**or number previously paid, if greater; For Reissues, see below	1 26 18	0 12	6 180	Submission of Inf	ormation Discl	osure Stmt	
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103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3	146 6	90 24	6 345	Filing a submissio (37 CFR 1.129(a)		jection	
104 280 204 140 Multiple dependent claim, if not paid	149 6	90 24	9 345	For each addition examined (37 CF		be	
109 78 209 39 "Reissue independent claims over original patent	Other fee	(specif	y)				
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other fee	(specif	y)				
SUBTOTAL (2) (\$)	. Reduced	by Ba	sic Filing	Fee Paid S	UBTOTAL (3) (\$)	55.00
SUBMITTED BY					Comp	lete (if app	(icable)
Typed or Printed Name Paul Litt	lepage				Reg. Num	ber	48,581
Signature Date 72-2-02 Deposit Account User ID							
ØERTIFICATE OF MAILING							
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231 on this date: DECEMBER 2, 2022							
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